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ABSTRACT

This packet is designed to be used by teachers in middle schools and high schools as they teach drug education. It accompanies a public television series, "Moyers on Addiction: Close at Home," but can be used on its own. The materials are in three parts. The first part is a folder that explains how to use the materials, provides a list of organizations that teachers of drug education may find helpful, and a bibliography containing 26 useful sources. Part 2 is a teachers booklet that includes 2 sections. "Creating Classroom Connections" discusses how to infuse substance abuse prevention lessons into various subjects. "Prevention That Works: An Overview" looks at successful strategies for substance abuse prevention. It gives guidelines for designing and implementing school programs. The final part of this packet is made up of 10 student activity cards that are to be photocopied and distributed in class. The activities include information on the science of addiction; recovery; the drug trade; getting help with substance abuse problems; living a drug-free life; how to tell if a friend might have a substance abuse problem; a self assessment questionnaire; what to do when offered drugs; and examples of people involved in drug abuse programs. (MKA)

Confronting Substance Abuse

A Teacher's Guide

Developed to accompany

MOYERS ON ADDICTION

close to home

**Premieres on PBS stations
March 29, 30, 31, 1998**

(check local listings)



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MOYERS ON ADDICTION: CLOSE TO HOME Program Schedule

Please check local listings for
broadcast dates and any
scheduling changes

Portrait of Addiction
Sunday, March 29

The Hijacked Brain
Sunday, March 29

Changing Lives
Monday, March 30

The Next Generation
Tuesday, March 31

The Politics of Addiction
Tuesday, March 31

ORDERING INFORMATION

To order videocassettes of
MOYERS ON ADDICTION: CLOSE TO
HOME, contact Films for the
Humanities and Sciences at
1-800-257-5126.

How To Use These Materials

This resource package accompanies the public television series, MOYERS ON ADDICTION: CLOSE TO HOME. Rather than summarizing the programs, the materials are designed to stand alone. They consist of this folder, a teacher's booklet, and ten student activity cards.

The **teacher's booklet** includes two sections:

- "Creating Classroom Connections." How to infuse substance abuse prevention lessons (including these materials) into various subjects.
- "Prevention That Works: An Overview." This section looks at successful strategies for substance abuse prevention. It gives guidelines for designing and implementing school programs.

The **student activity cards** are to be photocopied and distributed in class. Some student activities are not intended to be done in class (e.g., cards 4 and 5). When appropriate (e.g., cards 1, 2, and 6), it may be helpful to have the class divide into small groups to discuss the questions and activities, and then ask each group to share their responses with the rest of the class.

Most student activity cards are intended for use with both middle and high school students, but some will be more appropriate for older students or groups that are at risk. **We recommend reading the cards carefully before assigning them to your students.**

Cards 1 and 2.

THE SCIENCE OF ADDICTION cards describe biological aspects of addiction. They also discuss jobs in research, and may encourage students to pursue science careers.

CURRICULUM CONNECTIONS: science, health, physical education

Card 3.

WHAT IS RECOVERY? looks at how people recover through treatment, and with the support of friends and family. It asks students what steps they need to take to reach their own goals.

CURRICULUM CONNECTION: health

Card 4.

IS MY FRIEND ADDICTED? is a questionnaire that is intended to help students think about their friends, their loved ones, and themselves.

CURRICULUM CONNECTION: health

Card 5.

SELF-ASSESSMENT is a questionnaire that asks students to consider what might put them at risk of addiction, and what might help them avoid it. **IMPORTANT: Please tell students that this activity cannot predict future problems with addiction.**

CURRICULUM CONNECTION: health

Card 6.

THE DRUG TRADE looks at the legal and illegal industries that foster addiction. It shows students how legal industries glamorize drinking and smoking while concealing their negative consequences. It also discusses how the illegal drug trade is responsible for violence and exploitation.

CURRICULUM CONNECTIONS: language arts, social studies

Card 7.

STEP BACK & THINK is for young people who face pressures to smoke, drink, or take other drugs, and is meant to encourage positive decision making.

CURRICULUM CONNECTIONS: health, social studies, language arts

Card 8.

PROFILES includes the stories of Robin Tassler, a counselor in the TRUST program; Joe, a student participant; and Amy, a fellow student who helped get Joe into treatment (from the program "The Next Generation," in MOYERS ON ADDICTION: CLOSE TO HOME). It also features Dwight Gooden, former star pitcher for the Yankees and the Mets.

CURRICULUM CONNECTIONS: social studies, language arts, health

Card 9.

GETTING HELP lists resources for students, their friends, and their family members.

CURRICULUM CONNECTIONS: health, guidance

Card 10.

LIVING A DRUG-FREE LIFE consists of five teenagers' thoughts on how to face life's pressures without using alcohol, tobacco, and other drugs.

CURRICULUM CONNECTIONS: health, guidance, language arts

MOYERS ON ADDICTION

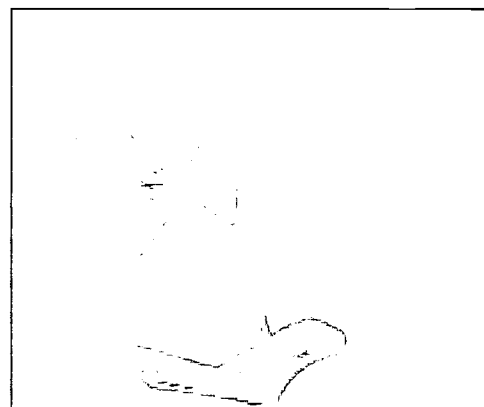
close
to
home

Preventing Substance Abuse

Teacher's Booklet

CREATING CLASSROOM CONNECTIONS: ALCOHOL, TOBACCO, AND OTHER DRUG (ATOD) EDUCATION THROUGH THE CURRICULUM

by Kathleen Mayo Cochran



When school-based drug abuse prevention is offered as a six-week unit in health every two years, it is unlikely to exert much influence on students' attitudes and behaviors. Research supports the need for a comprehensive approach to drug education, one that pervades the school culture and the curriculum. (For more information, see **Prevention That Works: An Overview**, in this booklet.)

The following is a discussion of multidisciplinary approaches to drug education and drug abuse prevention. It focuses on how subject-area teachers can weave issues, concepts, and facts related to drug abuse prevention into the curriculum. It also suggests how the **student activity cards** in this curriculum package can be utilized in different course areas.

CURRICULUM DESIGN

Curriculum design can incorporate prevention. One teacher, working on his or her own, can pull in themes related to drug use/abuse, or interdisciplinary teams can design fully elaborated thematic units in which students work with the same issues and ideas across many of their classes. Here are summaries of four types of curriculum design:

Infusion Design

Teachers weave content from another discipline into their own subject matter, without necessarily coordinating with other staff. For instance, a math teacher might construct problems related to percentages, statistics, or probability, using data on alcohol-related motor vehicle injuries and deaths (see pages 2-5 for suggestions).

Parallel Discipline Design

Teachers of different subjects intentionally sequence their lessons to connect. For instance, when the **health** teacher does a unit on alcohol, the **English** teacher might schedule *The Sun Also Rises* concurrently and ask students to look at the role of alcohol in the novel. Teachers may allude to the connections between these assignments but still focus on their own areas. This approach requires relatively little coordination and planning time.

Multidisciplinary Design

Two or more disciplines are brought together for a particular unit or theme. For instance, **social studies** and **health** teachers might design a unit on contemporary society focusing on crime, alcohol/other drugs, and how they are connected. This type of design involves a coordinated team approach to planning content

and assignments, and the connections are explicitly woven into the design.

Interdisciplinary Design

The full range of disciplines are brought together in a unit of study or inquiry. If the school is planning a week-long program on HIV/AIDS, for example, the entire faculty might devise ways to work with this theme, with considerable coordination among disciplines.

Sometimes faculty and students identify broad themes that can be "pulled" through all the disciplines. The theme of "consequences" (or "cause and effect"), for instance, lends itself to many subject areas, including substance abuse prevention education.

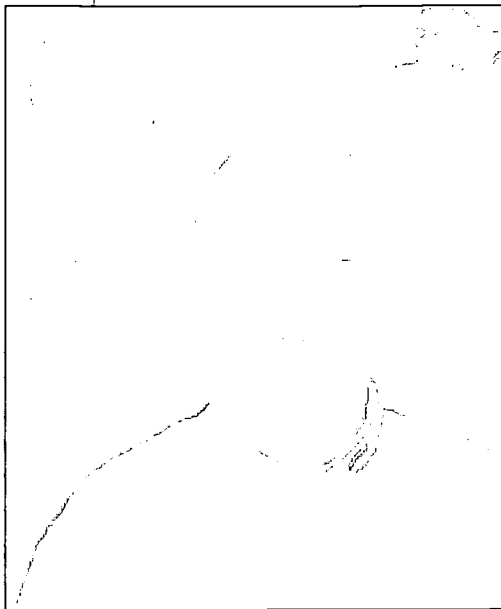
(continued on page 3)

INCLUDED IN THIS BOOKLET

- ☐ **Creating Classroom Connections:**
ATOD Education Through the Curriculum
 - o Four Curriculum Designs
 - o Specific Course Suggestions
- ☐ **Prevention that Works**
 - o Prevention Strategies in Middle School and High School
 - o Designing and Implementing Prevention Programs

Developed by Thirteen/WNET
to accompany MOYERS ON ADDICTION:
CLOSE TO HOME

Thirteen·wnet



Dear Teacher,

When I was reporting for my new public television series — **MOYERS ON ADDICTION: CLOSE TO HOME** — teacher after teacher told me they feel like front-line troops in the war on drugs. "The casualties keep mounting," one high school teacher said.

Our series explores the science, treatment, prevention, and politics of addiction. One program — "The Next Generation" — looks at the differences between preventing use and preventing addiction. Research shows some young people are more at risk for addiction than others. Middle and high school teachers can play an invaluable role in these students' understanding and coping with the risk.

CLOSE TO HOME is part of an extensive public television outreach effort. This teacher's guide contains background information on prevention strategies that work, along with lessons to help your students understand the scientific, personal, and social aspects of addiction.

My colleagues and I hope this guide is useful to you — there on the front line.



Bill Moyers

Teachers are encouraged to photocopy and share all materials in this package.

Videotaping Rights

Off-air taping rights of **MOYERS ON ADDICTION: CLOSE TO HOME** are available to educators for one year following each broadcast release.

Ordering Information

To order videocassettes of **MOYERS ON ADDICTION: CLOSE TO HOME**, contact Films for the Humanities and Sciences at 1-800-257-5126.

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SUGGESTED ACTIVITIES FOR INFUSION

LANGUAGE ARTS

Short stories, novels, and other forms of literature provide safe yet compelling contexts in which students can discuss crucial issues that relate to their own lives. The following are only a few of many possible activities. This approach may also be used with **student activity cards 7, 8, and 10.**

Middle School

- Considering the point of view of a character in a novel, students can analyze a decision that the character makes in terms of a decision-making model

DECISION-MAKING MODEL

Most decision-making models have the following steps:

1. Define the problem
2. Brainstorm options to solve the problem
3. Using available information and counsel from reliable resources, assess each option's pros and cons
4. Choose the option you think best, and put it into action
5. Reflect on how the option worked, and, if necessary, revise your choice

- Ask students to discuss why they think the character acted the way he/she did and whether the outcome would have been different had the character used the decision-making process
- Students can discuss a work of literature in terms of risks and consequences. For instance, in Paul Zindel's *The Pigman*, what risks did the characters take? What were the consequences for each character? Do you think the characters adequately assessed

the risks and anticipated the consequences? What would you have done in the same situation?

Middle and High School

Students can examine the role of alcohol, tobacco, and other drugs in readings such as *Huckleberry Finn* and *The Sun Also Rises*, discussing why the characters use these substances and how their use affects themselves and others. For instance, in *Huckleberry Finn*, how does Pap's drinking affect Huck? How would Huck's life be different if his father did not drink? In *The Sun Also Rises*, most of the characters drink heavily. Why do they do it? How does their drinking affect them? How might the story be different if they did not drink?

TEACHER ALERT

Class discussions related to addiction may make some students visibly uncomfortable. For instance, discussing an alcoholic parent in a novel may hit close to home for some students. It is important to stress that addiction is a disease, not a moral failing. Note which students appear to be affected, and, if it seems warranted, make a referral. Guidance and student assistance personnel can provide guidelines for classroom teachers about how to identify and follow through with students who appear to have problems.

These materials alone will not prepare you to deal with addiction problems. You must refer problems to trained personnel.

"Curriculum infusion means that instead of having an 'all you need to know about tobacco, drugs, and alcohol' day, the information and skills that the students need are woven into the appropriate subject areas throughout the curriculum and over time. For example, alcohol-related themes are identified as they arise in literature, tobacco statistics are evaluated in math, the effects of cocaine on the brain might be covered in science, and a discussion of advertisers' glorification of smoking might be part of a language arts curriculum."

**FROM *HOW HIGH IS UP?*
*AN INNOVATIVE MANUAL FOR
INFUSING TOBACCO, ALCOHOL &
OTHER DRUGS EDUCATION INTO
MIDDLE SCHOOL CURRICULUM,*
BY CAROLYNNE KRUSI AND
DICK SCHELLENS**

High School

- Recognizing and managing one's own emotions and being sensitive to the feelings of others are key aspects of drug abuse prevention. Students can discuss poetry, personal essays, and fiction in terms of the expression of feelings, and can also consider: What is the value in expressing feelings through writing? What benefits does this have for the writer? The reader?
- Students can also write poetry, fiction, and personal essays to express and explore their own issues and feelings
- Students can create short plays, skits, raps, or other dramatic pieces designed to carry the prevention message to students in middle school. Careful guidance, supervision, coaching, and coordination are required to make this activity a success
- Students can develop media literacy skills regarding tobacco and alcohol advertising (see **student activity card 6**)

SOCIAL STUDIES/ HISTORY

Like literature, social studies is a "natural" for infusion of alcohol, tobacco,

and other drug (ATOD) content. Here are a few suggestions:

Middle School: Current Events

- Students can bring in articles in both local and national news related to ATOD. Post recent articles in a revolving bulletin board display, and move older articles into a file. Use these articles, as well as **student activity cards 1, 2, 6, and 7** as springboards for discussion, for instance, on:
 - the harmful effects of ATOD
 - societal responses to ATOD
 - the reasons why, despite overwhelming evidence about their potential harmfulness, people continue to use/abuse ATOD
- Students can also use the articles as reference materials for social studies or other classes/projects — for example, for ATOD research for health/home and careers, for posters for school-wide awareness events related to ATOD

High School: Controversial Issues

- Students can research and debate current controversies regarding contemporary U.S. approaches to ATOD (see **student activity cards 1, 2, 6, and 7**). Possible topics:

- Should marijuana be legalized for medical uses?
- Should the legal age for drinking be 21 or 18?
- Should tobacco companies be liable for illness caused by smoking?

This can be done using either a traditional debate format (in which one side wins and one loses) or the academic controversy model, in which both sides explore all points of view and arrive at a synthesis. (For more information on academic controversy, see the Thirteen/WNET video program *Peaceful Solutions*. For ordering information, contact The Bureau for At-Risk Youth at 1-800-999-6884. The Peaceful Solutions web site is at www.wnet.org/wnetschool/peaceful/.)

- Students can research and discuss the history of ATOD use in the United States. Some possible topics:

Alcohol

- alcohol use in the colonies
- Prohibition and the Eighteenth Amendment; statistics on use and alcoholism
- contemporary approaches to curbing alcohol use

Tobacco

- the origins and growth of the tobacco industry
- medical evidence on tobacco, including the 1964 Surgeon General's Report
- contemporary approaches to curbing tobacco use

Other Drugs

- historical patterns in the use of marijuana, cocaine, heroin, amphetamines, and other drugs
- contemporary approaches to curbing use of these drugs (e.g., interdiction, prevention education)

MATH

Math is generally considered a "hard" subject, with little room for life skills or prevention. Yet there are ways in which content about ATOD can be integrated into the math curriculum. A few are suggested here.

- Given a polynomial function describing blood alcohol content level in the body as a function of time, students can graph a given function using calculators and polynomial function graphing techniques. (These problems come from *Oregon Alcohol and Drug Abuse*

Prevention Education, by Dan Mielke and Peggy Holstedt.)

- Students can investigate national statistics on drug use, focusing on measures of recent use. This activity helps students learn about survey methods and designs. It also enhances math skills such as figuring percentages and graphing.

These activities may be used with **student activity cards 6 and 7**.

SCIENCE

Thanks to advances in brain research, we now better understand how drugs affect our internal organs, cognition, perceptions, and behavior. Science is full of possibilities for infusing ATOD education. Here are a few:

Middle School

Students can research and report on the effects of ATOD on organs such as the lungs, mouth and throat, liver, and brain, as well as the biochemistry of addiction. (See **student activity cards 1, 2, and 7**.) Middle schoolers are likely to be dismayed and disgusted by descriptions and photos showing the actions of various drugs on body tissues.

High School

Older students also can research and discuss various effects of ATOD on the body — however, they are more likely than middle schoolers to treat horrible pictures and descriptions as a joke. It is most effective for high schoolers to look at consequences that they can relate to personally: for instance, effects of ATOD on the fetus during pregnancy; impairment of cognition and motor skills and how this affects driving; connections between use of alcohol and other drugs and HIV/AIDS and other STDs, pregnancy, violent crime, depression, suicide, and accidental death and injury. (See **student activity cards 1, 2, 6, and 7** for some pertinent information.)

HOME AND CAREERS/HEALTH

Health classes (or frequently for middle school, Home and Careers) are where core programs in ATOD prevention generally are given. The following suggestions apply to these classes, but also might come under another subject area, such as language arts, social studies, or technology.

Middle School: Media Literacy

Students enjoy feeling sophisticated enough to resist slick advertising. They can:

- analyze the messages of magazine and television ads for tobacco and alcohol products (see **student activity card 6**)
- watch television shows and movies on video to observe and record how alcohol, tobacco, and other drugs are portrayed (see **student activity card 6**)
- create their own ads, public service spots, or music videos to promote anti-drug-use/-abuse messages
- create posters about the warning signs of addiction, how students having problems with ATOD can seek help, or how to help friends

Middle School and High School

- Math teachers can incorporate data about the use of alcohol, tobacco, and other drugs into word problems, which can serve as springboards for discussion. For example:
 - Students can estimate the annual expense of buying two packs of cigarettes per day.
 - It is estimated that 30 percent of all suicides are at least partly attributable to alcohol. Given this information, if 20,000 people commit suicide, how many of the deaths were directly or indirectly caused by alcohol use?

who have trouble with ATOD (see **student activity cards 4, 5, and 9**)

- interview students who don't use alcohol, tobacco, or other drugs and publish the best quotes (see **student activity card 10**)

High School: Health Careers Exploration

Students can learn about careers associated with the field of ATOD prevention.

Student activity card 2 has information about related career possibilities; students can research careers suggested on this card or find out about other careers in this area. **Student activity card 8** includes a profile of Robin Tassler, a substance abuse prevention counselor.

FINE ARTS

Through the arts, students can use nonverbal modes of expression for dealing with and communicating experiences and emotions. This alone can make the arts an important part of prevention work. Art activities also can be tied specifically to ATOD issues, as suggested below.

High School: Communicating Feelings

Students can create art works in a variety of media that:

- reflect various feelings, positive and negative
- communicate how it might feel to experience addiction — either one's own dependence or that of a close friend or family member — as well as how it feels to recover (for details on addiction and recovery, see **student activity cards 1, 2, 3, 7, and 8**)

PHYSICAL EDUCATION

There is a particularly strong interrelationship between physical education and health, making ATOD prevention a natural for PE. In many schools, physical education teachers are also health teachers, strengthening the connection even further.

Middle School

- Physical education teachers can have contracts with students, making their participation in intramural and interscholastic sports contingent on their promising to refrain from ATOD use
- Information on ATOD can be given to students as part of their physical education program (see **student activity card 7 and 10**)
- Students can research and report on the effects of ATOD on athletic performance, as well as dangers of physical exertion while under the influence of drugs
- Teachers can teach students about the beneficial effects of exercise on the body and how exercise prompts the brain to produce endorphins for a "natural high" (see **student activity card 10**)

High School

- Since steroid abuse is most commonly practiced by athletes to enhance performance, PE teachers can make a special point of providing information on these drugs and promoting safe ways to build muscle through diet and exercise
- A clear policy for sports team members should be enforced

- Athletes can provide leadership and serve as positive models. PE teachers can work with athletes to develop poster displays, PA announcements, and local cable channel spots that promote healthy and drug-free lifestyles

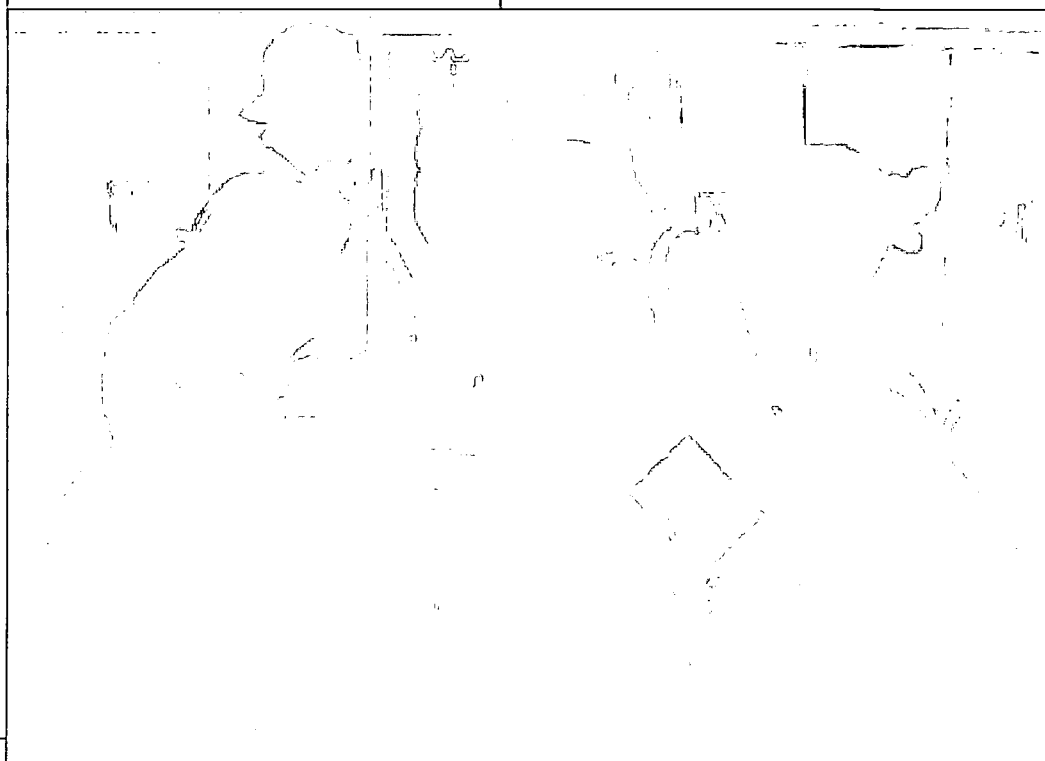
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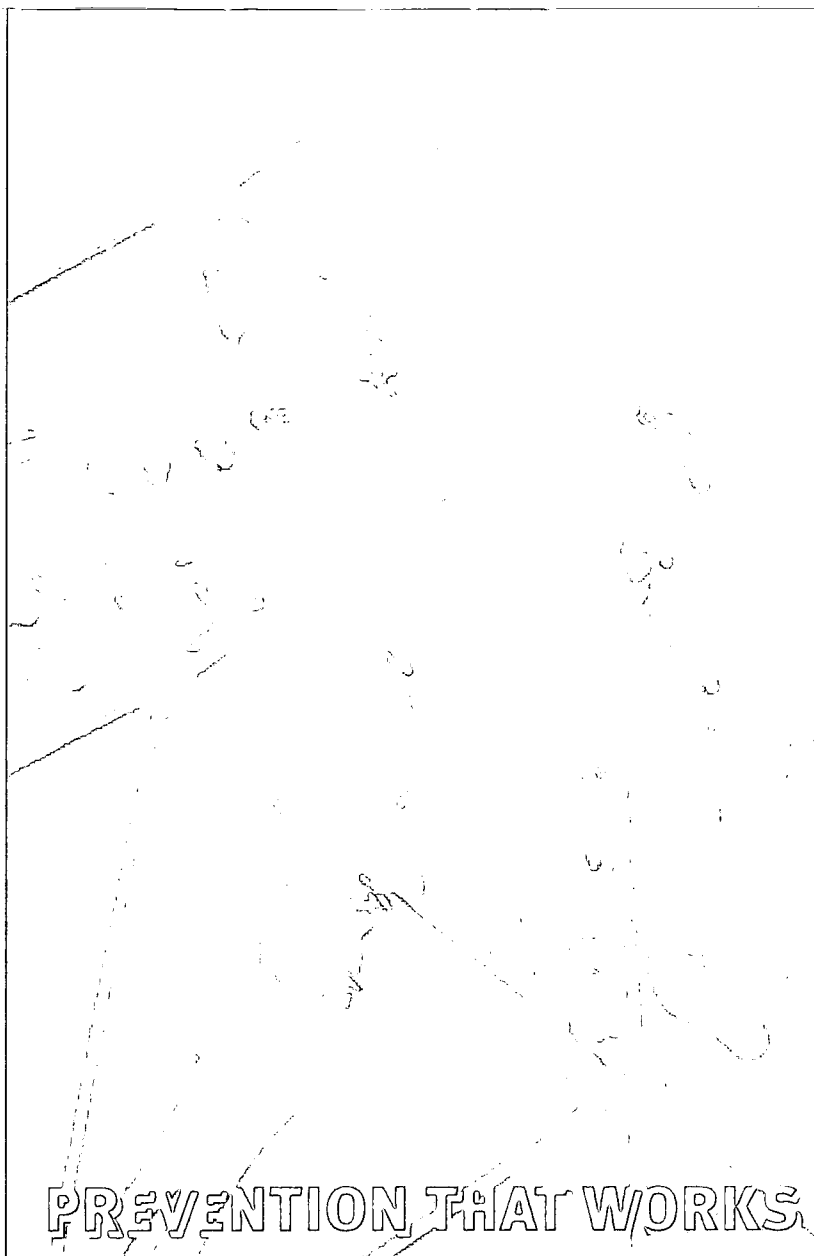
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an overview by Kathleen Mayo Cochran

Introduction

The use of alcohol, tobacco, and other drugs by young people is a perennial concern in the U.S. and many other countries. Use of these harmful substances can be both a sign of and a precursor to violence, crime, early/unsafe sexual activity, depression, and suicide. Recently, there has been a renewed interest in educational programs designed to prevent young people from using alcohol, tobacco, and other drugs.

School-based drug education efforts generally function at these levels:

Universal programs reach the general population – such as students at school.

Selective programs target groups at risk or subsets of the general population – such as children of drug users or poor school achievers.

Indicated programs are designed for people who are already experimenting with drugs or who exhibit other risky behaviors.

Treatment programs, which generally include medical care and extensive counseling, are designed to help drug-addicted youth recover from dependency and develop skills and resources that will enable them to refrain from further use. Often, young people who are drug-dependent have other disorders, such as depression, that must be dealt with during treatment.

This overview focuses on universal prevention for middle school and high school students. It describes how students respond to prevention efforts, presents key characteristics of effective prevention programs, highlights the importance of involving family and community, and outlines steps for program design and implementation.

Prevention in Middle School and High School

As anyone who works with adolescents knows, there is a huge developmental range between middle and high school students. Fifth and sixth graders are generally “easy.” They tend to be receptive to anti-drug messages, and they take warnings about negative consequences of use seriously. They enthusiastically role play situations in which they practice resistance skills.

Seventh graders are more likely to challenge the teacher and less willing to publicly espouse non-use. Dorothy Goldwasser, a New York-based drug education consultant with many years' experience working with middle and high school students, notes: "They're concerned about the image they're giving their peers, so they may go to great lengths to appear to be cool. It's important to respond to their questions, even when they're asking in a challenging way, because although they may not appear to be engaged, they often really are listening." Because of students' self-consciousness at this age, it may be more effective to have them view and discuss videos than to ask them to role play in front of others.

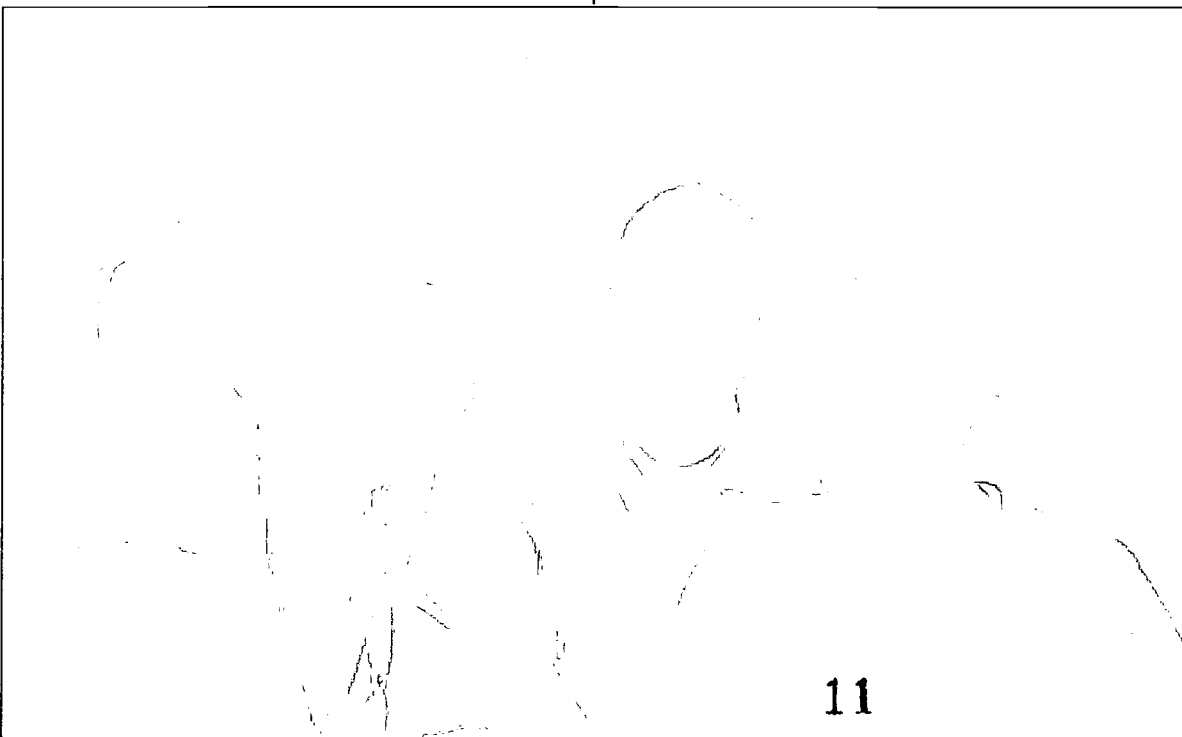
High school students are the "toughest" group. Some will have engaged in experimental use without serious repercussions, which increases their skepticism. Long-range effects of drug use hold little significance for them. Goldwasser notes: "It's important to talk about where they are now, not where they can be five or ten years from now. I don't talk in terms of long-term consequences like lung cancer and brain damage, but about immediate effects, like loss of a driver's license. That gets their attention." Effective activities for

this age are those that emphasize independent thought and research, such as debating social issues concerning drug use and looking at consequences of use in terms of statistics.

Prevention Strategies: What Works

In choosing and designing prevention programs, health educators and prevention specialists must ask: What works? What does the research suggest? While there appears to be no magic bullet that immunizes young people against drug use/abuse, a significant body of research indicates that the following characteristics are key to effective prevention:

- **Training and practice** in resistance skills and other personal and social skills such as decision-making, stress reduction, communication, and conflict resolution. Dorothy Goldwasser notes: "My approach is to empower kids so that they understand that they have control over the decisions they make. When you talk about making decisions, solving problems, even if you don't mention drugs, you're doing drug prevention. You are helping them see that there are positive and negative consequences to decisions they make."



- **Information** to help students understand that, contrary to widely held stereotypes, **drug use is not the norm for young people.** In some programs, students design and conduct their own surveys to arrive at a realistic picture of alcohol, tobacco, and other drug use among their peers.
- Developmentally appropriate, **clear information** without scare tactics (see below)
- **Interactive techniques** for teaching and learning, such as role playing, cooperative learning, peer coaching, and brainstorming. Such techniques promote communication, critical thinking, and social skills.

- **Ongoing education**, preferably beginning in kindergarten and continuing through Grade 12. During "prime time," most often middle school, a core program should have a minimum of ten sessions followed up by at least three "booster" sessions in each of the next two years.
- **Solid training and support for staff.** Teachers need guidance in how to appropriately discuss drug use/abuse. Adequate resources and materials are essential to teachers' effectiveness.

- **Family and community involvement.** There is strong evidence that the larger social context in which students live profoundly affects their behavior. Thus, involving family and community is key. (See "Social Context and Prevention," below.)

Prevention Strategies That May Backfire

Scare tactics that exaggerate or over-dramatize the consequences of use are likely to induce skepticism and scorn in all but the youngest students. Teachers also should be wary of over-informing — giving too much information on the pleasurable effects of drugs — as

this can prompt students to experiment. (Another type of over-informing is to overload students with facts and details about drugs — categories, ingredients, countries of origin, and so on — that will simply bore them.)

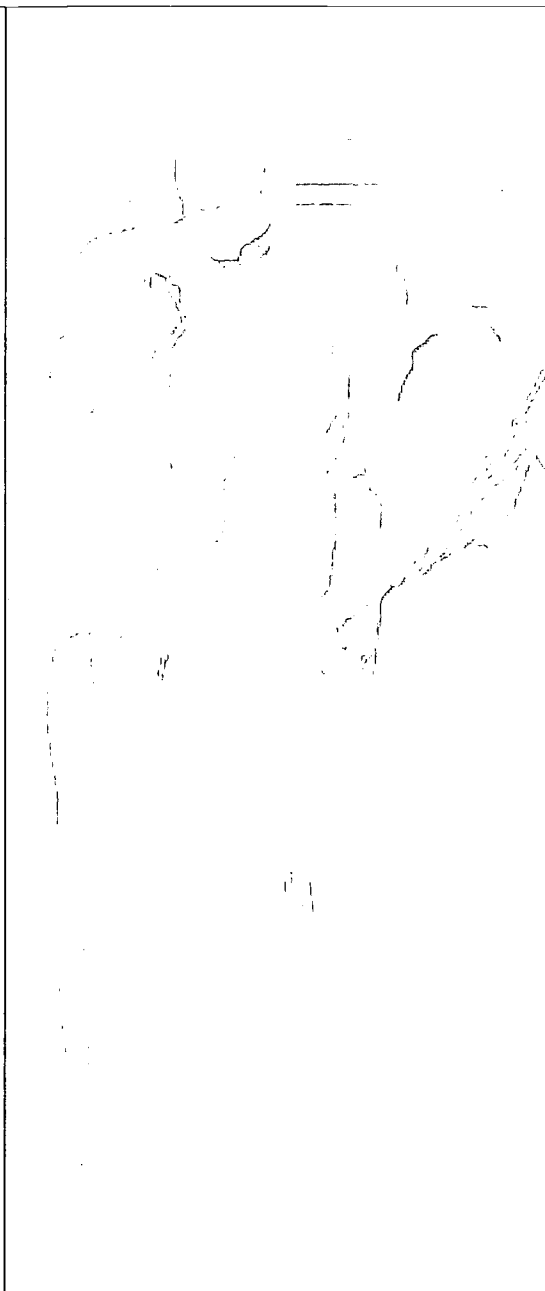
Inviting recovering addicts to speak to students is a popular practice. Students often seem engaged by such speakers and ask many questions. However, some experts believe that while these speakers may be appropriate in the context of intervention and treatment, they do not have a place in universal prevention. Students may respond by thinking that now they know how not to get hooked, and

therefore they can experiment safely. Recovering addicts also may unwittingly send positive messages about the allure of drugs — how good they make you feel, how glamorous the drug culture is.

Social Context and Prevention: Involving Family and Community

It is crucial that school-based prevention programs establish linkages with parent and community groups. Through coordinated efforts, these institutions can strengthen the "safety net" for young people by creating positive, prosocial bonds that protect against destructive behaviors.

The need for school-community partnership is underscored by the research of Richard Catalano and David Hawkins, whose theory, the "social development" model, holds that "an individual's behavior will be prosocial or antisocial depending upon the predominant behaviors, norms, and values held by those to whom the individual is bonded." That is to say, a young person's social linkages can either increase the risk of substance abuse and other antisocial behaviors, or offer protection from such behaviors.



This outlook stands in contrast to the view that young people who behave in antisocial ways — for instance, using drugs — are alienated loners. The social development model acknowledges that young people with well developed social skills and strong attachments may, through their attachments, arrive at life choices that are negative. The model also suggests practices for prevention and intervention that interrupt pathways to antisocial behaviors and support prosocial behaviors.

In keeping with the social development model, and with Emmy Werner's research on resiliency in children, the Search Institute in Minneapolis has

looked at more than 250,000 students in grades 6-12 in over 450 U.S. cities to identify and analyze factors that promote resilience and positive life choices. The project has identified over 30 assets that fall into two categories: external and internal. Among the external assets are: supportive parents and other adults, parent involvement in school, positive peer influence, religious affiliation, and involvement in organized activities in school and community. Internal assets include: commitment to school achievement; assertiveness, decision-making, and friendship skills; a strong values framework; and a positive view of one's personal future.

Designing & Implementing Prevention Programs: Guidelines for Schools

Successful prevention programs require commitment at every level. Essential to such programs are the initiative, involvement, and support of school leadership.

○ Needs Assessment

Identify the main issues of concern to your student body through surveys, interviews, and other measures.

○ Review of Current Strategies

Concurrently with the needs assessment, compile a list of current programs and practices in your school. Then explore what strategies you could change, expand, or add to best meet the needs you have identified.

○ Program Planning and Implementation

Prepare a step-by-step, detailed plan for funding, staffing (including training), and implementing the strategies you choose.

These may include packaged programs and materials.

"Generic" programs are unlikely to match precisely the needs of any particular school community, and will probably require some adjustments. However, these programs also have the advantage of having been prepared, generally, by people who understand the critical elements of prevention and have been careful to include them.

○ Program Evaluation

It is critical to devise means of assessing the effectiveness of prevention programs. Program planning should always include an evaluation component, followed by program revision as indicated by the evaluation.

SOURCES

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On the concept of early "vaccination" that will provide lasting protection against substance abuse: "Such expectations . . . are as unrealistic as a belief that a visit to the dentist at age 10 ensures that children will brush their teeth after every meal until they graduate college. Both advocates and critics of prevention during early adolescence sometimes forget that the purpose of these activities should be initial preparation to an ongoing series of effective interventions."

Michael Stoil and Gary Hill,
Preventing Substance Abuse: Interventions that Work

Risk Factors

COMMUNITY

Availability of Drugs

Availability of Firearms

Community Laws & Norms Favorable Toward Drug Use, Firearms, & Crime

Media Portrayals of Violence

Transitions and Mobility

Low Neighborhood Attachment and Community Disorganization

Extreme Economic Deprivation

FAMILY

Family History of the Problem Behavior

Family Management Problems

Family Conflict

Favorable Parental Attitudes and Involvement in the Problem Behavior

SCHOOL

Early and Persistent Antisocial Behavior

Academic Failure Beginning in Late Elementary School

Lack of Commitment to School

INDIVIDUAL/PEER

Alienation and Rebelliousness

Friends Who Engage in the Problem Behavior

Favorable Attitudes Toward the Problem Behavior

Early Initiation of the Problem Behavior

Constitutional Factors

ADOLESCENT PROBLEM BEHAVIORS

Substance Abuse

Delinquency

Teen Pregnancy

School Drop-Out

Violence

| | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence |
|--|-----------------|-------------|----------------|-----------------|----------|
| Availability of Drugs | ✓ | | | | |
| Availability of Firearms | | ✓ | | | ✓ |
| Community Laws & Norms Favorable Toward Drug Use, Firearms, & Crime | ✓ | ✓ | | | ✓ |
| Media Portrayals of Violence | | | | | ✓ |
| Transitions and Mobility | ✓ | ✓ | | ✓ | |
| Low Neighborhood Attachment and Community Disorganization | ✓ | ✓ | | | ✓ |
| Extreme Economic Deprivation | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family History of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | |
| Family Management Problems | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family Conflict | ✓ | ✓ | ✓ | ✓ | ✓ |
| Favorable Parental Attitudes and Involvement in the Problem Behavior | ✓ | ✓ | | | ✓ |
| Early and Persistent Antisocial Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Academic Failure Beginning in Late Elementary School | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lack of Commitment to School | ✓ | ✓ | ✓ | ✓ | |
| Alienation and Rebelliousness | ✓ | ✓ | | ✓ | |
| Friends Who Engage in the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Favorable Attitudes Toward the Problem Behavior | ✓ | ✓ | ✓ | ✓ | |
| Early Initiation of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Constitutional Factors | ✓ | ✓ | | | ✓ |

ORGANIZATIONS

Al-Anon/Alateen
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
1-800-356-9996
www.al-anon.alateen.org

Al-Anon offers support groups for relatives and friends of individuals with an alcohol problem. Alateen is primarily for teenagers and may include (depending on the local group's decision) preteens.

Alcoholics Anonymous (AA)
P.O. Box 459
Grand Central Station
New York, NY 10163
www.alcoholics-anonymous.org

A national fellowship open to anyone who wants to achieve and maintain sobriety; an important adjunct to many treatment programs. Maintains that members can solve their common problem and help others achieve sobriety through a twelve step program that includes sharing their experience, strength, and hope with each other. It is free and anonymous. For a local chapter, check your phone book.

American Council for Drug Education
164 West 74th Street
New York, NY 10023
1-800-488-3784
www.acde.org

Works to prevent drug abuse through public education. Publishes educational materials and offers brochures, books, and videos. Operates a free, 24-hour helpline to answer questions on substance abuse: 1-800-DRUGHELP.

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
(404) 815-5700
www.bgca.org

National network of neighborhood-based facilities serving some 2.6 million young people, primarily from disadvantaged circumstances. Its primary prevention program, SMART Moves, teaches young people how to recognize and resist pressures that lead to drug and alcohol use.

Center for Substance Abuse Prevention (CSAP)
5600 Fishers Lane
Rockwall II Building, 9th Floor
Rockville, MD 20857
(301) 443-0365
www.samhsa.gov/csap

Supports and promotes the continued development of community, state, national, and international comprehensive prevention systems. Strives to connect people and resources with effective and innovative ideas, strategies, and programs aimed at reducing and eliminating alcohol, tobacco, and other drug problems in our society. CSAP's prevention programs and models, tailored to specific cultures and locales, capitalize on broad-based community involvement and enhanced public and professional awareness of prevention.

Children of Alcoholics Foundation
33 West 60th Street
New York, NY 10023
(212) 757-2100, ext. 6373

Seeks to reach, help, and offer hope to young and adult children of alcoholics; educate the public and professionals about this group; disseminate research and new data on the effects of family alcoholism on children; encourage federal, state, and local decision makers to respond to the needs of this high risk group.

Community Anti-Drug Coalitions of America (CADCA)
901 North Pitt Street, Suite 300
Alexandria, VA 22314
1-800-54-CADCA ext. 242
www.cadca.org

National substance abuse prevention organization formed in 1992 by the President's Drug Advisory Council. Helps substance abuse coalitions share ideas, problems, and solutions. Works with community-based coalitions and represents their interests at the national level.

Hazelden Information Center
CO 3, PO Box 11
Center City, MN 55012-0011
1-800-257-7810
www.hazelden.org

Works to improve the quality of life for individuals, families, and communities by providing a national continuum of information, education, and recovery services that are widely accessible; to advance the field through research and training; and to improve its quality and effectiveness through continuous improvement and innovation.

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116
(617) 437-1500
www.jointogether.org

National resource center bringing together people, ideas, and technology to help community leaders — including police, clergy, business, schools, health care, recreation, and media — to assist them in developing strategies to address alcohol and drug problems that plague communities. Its web site offers news summaries of alcohol, drug, and tobacco stories in the media; policy alerts; and an accessible database of 70,000 individuals and organizations concerned about substance abuse across the nation.

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
1911 North Fort Myer Drive, Suite 900
Arlington, VA 22209
(703) 741-7686
www.naadac.org

National organization for alcoholism and drug abuse professionals across the country who treat addicted individuals and families. Committed to increasing general awareness of alcoholism and drug abuse, and enhanced care of individuals through treatment, education, and programs aimed at prevention. Participates in special projects and campaigns to strengthen public awareness about the efficacy and cost-effectiveness of treatment.

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847
1-800-729-6686
www.health.org

National resource for information about substance abuse prevention. Offers publications, videos, research information, and curriculum materials — many available free of charge.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
12 West 21st Street, 7th Floor
New York, NY 10010
1-800-NCA-CALL/(212) 206-6770
www.ncadd.org

Provides education, information, help, and hope in the fight against the chronic and often fatal diseases of alcoholism and other drug addictions. With its nationwide network of affiliates, it advocates prevention, intervention, and treatment.

National Inhalant Prevention Coalition (NIPC)

1201 West Sixth Street, Suite C-200
Austin, TX 78703
1-800-269-4237/(512) 480-8953
www.inhalants.org

Promotes awareness and recognition of the deadly problem of inhalant use. The goal of the NIPC is to reduce and prevent the misuse of common, everyday household and office products. NIPC conducts inservice training and workshops for varied audiences, including parents, teachers, students, and health educators. Materials are available in English and Spanish.

National Institute on Drug Abuse (NIDA)
5600 Fishers Lane, Room 10A39
Rockville, MD 20857
1-800-662-HELP/(301) 443-1124
NIDA Infotax: 1-888-644-6432 or 1-888-889-6439 (TTY)
www.nida.nih.gov

One of 24 research institutes, centers, and divisions overseen by the National Institutes of Health. NIDA supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. NIDA-supported science addresses the most fundamental and essential questions about drug abuse, ranging from the molecule to managed care, and from DNA to community outreach research.

Safe and Drug-Free Schools Program
600 Independence Avenue, SW
Washington, DC 20202-6123
(202) 260-3954
www.ed.gov/offices/OESE/SDFS

Provides policy direction and assists in the planning and coordinating of the Department of Education's drug education and prevention activities. Its two major programs are State Grants for Drug and Violence Prevention Programs and National Programs.

Stop Teenage Addiction to Tobacco (STAT)
511 East Columbus Avenue
Springfield, MA 01105
(413) 732-7828
www.stat.org

Devoted to reducing the use of tobacco by children and teens through grassroots community projects, policy research, public education, advocacy, communication, and counter-advertising. Offers training, education, and consulting services.

SADD
P.O. Box 800
Marlboro, MA 01752
(508) 481-3568
www.nat-sadd.org

Aims to end death and injury due to drinking and driving, underage drinking, and drug abuse among youth. Membership includes students in middle school, high school, and college.

Women for Sobriety, Inc.
P.O. Box 618
Quakertown, PA 18951-0618
1-800-333-1606
www.mediapulse.com/wfs

Works toward helping women with drinking problems find a way to sobriety and a fulfilling way of life. Shows women how to overcome their drinking problems with group support expressed by other women with similar problems and needs.

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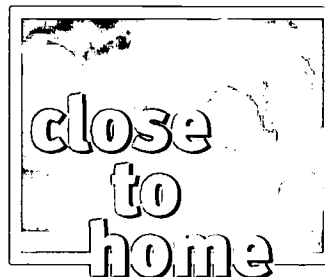
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MOYERS ON ADDICTION



Teachers are encouraged to photocopy and share all materials in this package.

Teachers can request free Family Guides in English or Spanish on preventing substance abuse. Write to Family Guide, P.O. Box 245, Little Falls, NJ 07424-0245

Videotaping Rights

Off-air taping rights of MOYERS ON ADDICTION: CLOSE TO HOME are available to educators for one year following each broadcast release.

WHERE TO GET HELP

SELF-HELP GROUPS

Alcoholics Anonymous (AA) - Check your phone directory for a local AA group 1-800-347-8998

Narcotics Anonymous (NA) Check your local directory or call 1-800-662-4357 for a referral in your area

Organizations to Contact for Information

Hazelden Information Center 1-800-257-7810

National Council on Alcoholism and Drug Dependence
(212) 206-6770

American Council on Alcoholism 1-800-527-5344

Visit the CLOSE TO HOME Web Site

For more information on addiction and recovery, visit the CLOSE TO HOME Web site at www.pbs.org/closetohome or www.wnet.org/closetohome

CLOSE TO HOME ONLINE features a Web soap comic book for teens, plus an informational piece with:

- Animated illustrations of the brain and the mechanism of drugs in the body
- Real-life stories of people who talk about their struggles with the disease of addiction and their lives in recovery
- Up-to-date articles with information about the latest advances in the science of understanding and treating addiction
- Editorials debating controversial policy issues.
- An extensive, user-friendly resources section and
- A bulletin board

For a Referral to Help in Your Area

Drug and Alcohol Treatment Routing Service: 1-800-662-HELP

Alabama - 1-800-762-3790
Alaska - (907) 561-4213
Arizona - (602) 381-8999
Arkansas - (501) 280-4500
California - (916) 445-0834
Colorado - (303) 866-7480
Connecticut - 1-800-203-1234
Delaware - (302) 571-6975
District of Columbia - (202) 727-5163
Florida - (904) 488-0900
Georgia - (404) 656-2465
Hawaii - (808) 586-3961
Idaho - (208) 334-5935
Illinois - (312) 814-3840
Indiana - (317) 232-7939
Iowa - (515) 281-3641, Mon.-Fri., 8 A.M.-4:30 P.M.
Kansas - (913) 296-3925
Kentucky - (502) 564-2880, Mon.-Fri. 8 A.M.-4:30 P.M.
Louisiana - (504) 342-9354, Mon.-Fri. 8 A.M.-4:30 P.M.
Maine - (207) 287-2595, Mon.-Fri. 8 A.M.-5 P.M.
Maryland - (410) 767-6910
Massachusetts - 1-800-327-5050, 24 hours
Michigan - (517) 335-0278
Minnesota - (612) 296-3991
Mississippi - (601) 359-1288, Mon.-Fri., 8 A.M.-5 P.M.
Missouri - (573) 751-4942
Montana - (406) 444-3964
Nebraska - (402) 471-2851
Nevada - (702) 687-4790, (northern Nevada); (702) 486-8250, (southern Nevada), Mon.-Fri. 8 A.M.-5 P.M.
New Hampshire - (603) 271-6100
New Jersey - (609) 292-7232
New Mexico - 1-800-962-8963, Mon.-Fri. 8:30 A.M.-5 P.M.
New York - (518) 473-3460
North Carolina - (919) 733-4670, Mon.-Fri. 8 A.M.-5 P.M.
North Dakota - (701) 328-8920, Mon.-Fri. 8 A.M.-5 P.M.
Ohio - (614) 466-3445
Oklahoma - 1-800-522-9054, 24 hours
Oregon - 1-800-621-1646
Pennsylvania - 1-800-582-7746, Mon.-Fri. 8 A.M.-4:30 P.M.
Rhode Island - 1-800-622-7422
South Carolina - 1-800-942-3425
South Dakota - (605) 773-3123, Mon.-Fri. 8 A.M.-5 P.M.
Tennessee - (615) 741-1921
Texas - 1-800-832-9623
Utah - (801) 538-3939
Vermont - (802) 651-1550
Virginia - (804) 786-3906
Washington - (360) 902-0650
West Virginia - (304) 558-2276
Wisconsin - (608) 266-2717
Wyoming - (307) 777-7116, Mon-Fri 9 A.M.-5 P.M.

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356 West 58th Street
New York, NY 10019



THE SCIENCE OF ADDICTION

Addiction — What Is It?

Addiction is not just a lot of drug use. It is actually a different state of being. In addiction, drugs hijack your brain, your mind, and your life. They literally change your brain — that is why we call addiction a brain disease.

Once people become addicted, their focus in life becomes seeking and using drugs. They no longer seem to care about any of the consequences that may result from taking drugs.

This is very different from a person who is a drug user or abuser. A drug abuser can choose whether or not to use a drug.

Drug addiction is a compulsion. When people become addicted to drugs, their brains have fundamentally changed. Addiction is compulsive drug seeking and use, even in the face of appalling consequences.

How Drugs Work on the Brain

Certain drugs make us feel very good — at least at first — because of what they do to our brains. Drugs that are abused change the way our brains work by disrupting the delicate mechanisms through which nerve cells transmit, receive, and process information critical for our daily living. Nicotine, cocaine, marijuana, and heroin, for example, are rapidly carried to the brain through our bloodstream regardless of whether they are smoked, injected, or swallowed. Then they stimulate different circuits in our brain, one of which is called the pleasure center.

Continued abuse of drugs, which unnaturally overstimulates brain circuits, can change the brain to an addicted state. The affected circuits can no longer function on their own, but need outside stimulation to function.

The drug addict no longer has a choice whether to take the drug or not. We're still not sure whether all the changes that occur in the addicted brain can ever be completely reversed. We do know that the use of inhalants literally destroys brain tissues.

(continued on 1b)

**DRUG-ADDICTED,
DRUG-PREFERRING
STATE**



Recent Discoveries

Drug abuse and addiction have been researched rigorously for more than 20 years. Research is a very slow but thorough and accurate process. Through prevention research, for example, we have very recently identified 14 principles that schools and communities can use to successfully prevent drug use among young people. These principles include the need for interactive methods for reaching adolescents, the development of age-specific and culturally sensitive programs, and an emphasis on family-focused intervention programs.

Another area in which researchers have invested a great deal of time and effort and have made great progress is treating drug addiction. We now know that addiction is a treatable disease. We also know that treatment effectiveness varies among individuals; what works for one person may not work for another. You can't just talk someone who is addicted to drugs into stopping. Treatment should always include professionals, especially since many times medications need to be prescribed in combination with behavioral therapies.

If you know someone who is addicted to drugs, it is best that you encourage him or her to seek professional care. It is also important to remember that because addiction is a chronic, relapsing disease, it will not be treated overnight; recovery is usually a long-term process.

Risk Factors & Protective Factors

Researchers are finding that some factors can help determine whether or not an individual is more or less likely to abuse drugs. With this knowledge, you can help yourself and your friends avoid drug abuse and the danger of addiction.

Risk factors, such as pressure from friends to use drugs, lack of interest and involvement from parents, a family history of substance abuse, and ignorance about the health risks of abused drugs, create greater potential for drug use. But there

are also many protective or resilience factors, such as good adult role models, supportive friends, and achievement in school, which can reduce the chance of someone becoming a drug abuser. Strengthening protective factors can help you and your friends avoid drug use altogether, even if there are still many risk factors in your lives.

Activities

- Work as a volunteer in a local drug abuse prevention program in your community — or start one. NIDA's new user-friendly research-based publication "Preventing Drug Use Among Children and Adolescents" can help communities and schools establish local prevention programs. Read the guide online at the NIDA Web site (www.nida.nih.gov), or call the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or 1-800-487-4889 (TDD) for your free copy.
- Visit World Wide Web sites (such as www.nida.nih.gov) that provide accurate information on drug abuse and addiction.

Keep in Mind:

Once a person becomes addicted, his or her top priority in life becomes obtaining drugs, taking drugs, getting high, and then getting more drugs. Everything else — family, friends, job, the future — loses importance.

When a person first takes drugs, it is a voluntary decision. But there is a point when the person's decision to take drugs may no longer be voluntary. It is as if a "switch" goes off in the user's brain, and the person becomes addicted.

Developed by Thirteen/WNET to accompany
MOYERS ON ADDICTION: CLOSE TO HOME

THE SCIENCE OF ADDICTION

Drug abuse and addiction researchers are also working to achieve another goal — to change the public's understanding of addiction and to remove the stigma that is associated with this disease. Science has already brought us a long way in our understanding of addiction, but it may still be some time before the general public accepts addiction as a genuine health problem.

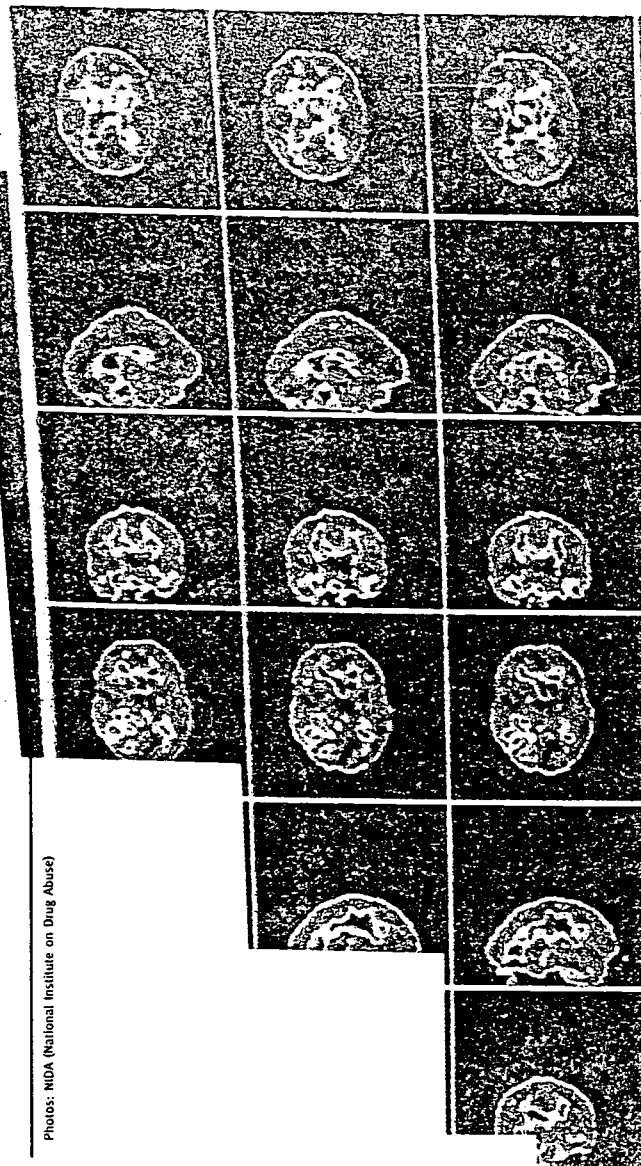
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Tools of the Trade

Just as carpenters, engineers, and doctors have specialized tools for their jobs, so do drug abuse and addiction researchers. Much of their work is done in a laboratory setting, where they use test tubes, beakers, pipettes, and computers to test their hypotheses. More advanced technologies such as magnetic resonance imaging (MRI) and positron emission tomography (PET) are also used to understand how drugs work in the human brain. With this technology, researchers can observe the activity of the brains of individuals experiencing drug addiction while they are awake. Researchers can also use MRIs and PET scans to see the immediate and long-term effects of drugs on the brain.

Goals for the Future

As we enter the 21st century, drug abuse and addiction researchers will continue to use science to understand addiction, as well as to alleviate addiction's pain and devastation. They will work to develop effective treatment interventions, especially a medication to treat cocaine addiction. They also will work to unravel the mystery of drug craving — a major cause of relapse even after years of successful abstinence.



Photos: NIDA (National Institute on Drug Abuse)

How About a Career in Drug Addiction and Treatment Research?

Because drug abuse and addiction are such complicated problems, there are many ways we are combatting them, from identifying emerging drug use patterns to discovering new addiction treatments. There are brain researchers (neuroscientists) who study the brain and how it becomes altered once a person uses drugs; and there are treatment researchers who use scientific approaches to determine the best ways to treat drug addiction. Some may be involved in developing new medications, while others might be developing psychological or behavioral approaches for treating drug addiction.

Prevention researchers focus on identifying factors that can help to prevent drug abuse, particularly among young people. HIV/AIDS researchers study the overwhelming link between a drug-using lifestyle and the spread of HIV and conduct research to determine the best strategies for reducing its spread. The bottom line is that there are many career opportunities for someone wishing to enter this exciting and important field of research. Most drug abuse and addiction researchers hold a doctoral degree or a medical degree. But the best time to start exploring and working toward a career as a researcher is while in high school.



oto: NIDA (National Institute on Drug Abuse)

Activities

- Call NIDA Infofax at 1-888-NIH-NIDA for fact sheets on a variety of drug abuse topics. (The hearing-impaired can call 1-888-TTY-NIDA.)
- Contact the Office of Science Education at the National Institutes of Health, (301) 402-2828, to find out about research and training opportunities for high school students.
- Visit someone who is working in an addiction research laboratory or clinic.
- Visit libraries and Web sites to find out more about careers in science — start with a visit to Research and Training Opportunities at the National Institutes of Health (<http://www.training.gov>) and Snapshots of Medicine and Health (<http://ohrm.od.nih.gov/ose/snapshots>).

Keep in Mind:

Many of the tools that drug abuse researchers use, such as PET machines, demonstrate that there are observable changes in brain function that take place after drug use. We can now see that the brains of addicts are different from the brains of non-addicts. And it is very difficult, in some cases impossible, to return the brain back to normal. Scientists, like those who work at or are supported by the National Institute on Drug Abuse (NIDA), are working to develop better treatments to help people who are addicted to drugs.

What is Recovery?

Most experts in the substance abuse field believe that once you've developed the disease of addiction, you have it for life. But — like diabetes, high blood pressure, and other chronic, relapsing diseases — addictive disease *can be arrested, kept in remission through a lifetime regimen*. That's what recovery is.

Recovery is about taking back control over your life!

Because of the brain changes caused by addictive drugs, drug use becomes central to the addict's life. Friends, parents, sports, and school all lose priority to the pull of getting high. Whether an "A" student or a winning athlete, the student with a substance abuse problem starts neglecting these interests to use drugs. *Think about it: That's why they call it "drug dependency."* You become *drug dependent* instead of *independent*. Recovery is a way to *regain* control.

There are lots of ways of getting into recovery. (For more information, see the **Getting Help** handout [student activity card 9]).

What does "hitting bottom" mean?

People recovering from addiction often say they "hit bottom" when their lives got really messed up from substance abuse: They got kicked out of home, dropped out of school, got in car accidents, and so on. **But a person doesn't have to hit bottom before getting help!** The sooner you give up chemical substances, the less damage you will do to yourself, to society, and to your overall health.

Can't an addicted person stop for a while, then go back to using a little?

No. Once someone has developed the disease of addiction, it's like developing an allergy. If the person is re-exposed to alcohol, tobacco, or other drugs, the symptoms (including compulsion to use, loss of control, and denial of the problem) may reappear.

How long does recovery take?

There is no exact time frame. Recovery is a process, not an event that's over in 10 — or even 28 — days of treatment. But — contrary to many people's fear — recovery is not synonymous with boredom and social isolation. In fact, it is a good thing.

How can the process of recovery be "good"?

Finding out that you're addicted is not welcome news. But there can be some extremely positive results from getting into recovery. The process of overcoming addiction often brings about a profound life change for the better.

(continued on 3b)



PhotoDisc

What is Recovery?

Activity

Rose: I GOT MY DREAMS BACK

As a child, Rose was always against cigarette smoking. But in eighth grade she started smoking after school because her friends did. Then, when kids started to drink at parties, she tried that too. Eventually, when someone passed her a marijuana joint, she smoked it.

Though Rose had always been a good student, her grades started to slip. When she got drunk or smoked pot on a weekend, she didn't do so well on Monday's tests. Her junior year grades were the worst, so she didn't get into the college she wanted. She had relationship problems with family and friends.

Finally, at the urging of one non-using friend, Rose went to talk to a counselor at school. The counselor had Rose write out her goals and consider whether substance use was affecting her ability to reach them. The results were so revealing that Rose decided then and there to quit for good. To give Rose the support she needed, the counselor suggested she attend a group once a week after school.

Now, two years later, Rose is back on track — clean and sober. She had to attend community college for a year to get her grades back up, but at least now she's headed where she wants to go.

"I came real close to blowing everything," she says. "If I had kept going like I was, I would have hated myself by now. By quitting drugs, I got my dreams back."

What Are Your Dreams and Goals?

Whether or not you are a substance user, take a moment to make a list of what you TRULY want out of life. Include both immediate goals (get an "A" in math this quarter) and long-range dreams (buy a motorcycle).

Your Personal / Relationship / Family Goals:

Examples:

- * Have a boyfriend/girlfriend who treats me with respect
- * Have kids someday, and be a good role model for them

* _____

* _____

Your School / Work Goals:

Examples: * Go to college

* Own my own business someday

* _____

* _____

Your Fun / Sports / Travel Goals:

Examples: * Travel / see the world

* Make the basketball team this year

* _____

* _____

Your Material / Money Goals:

Examples: * Have a bank account

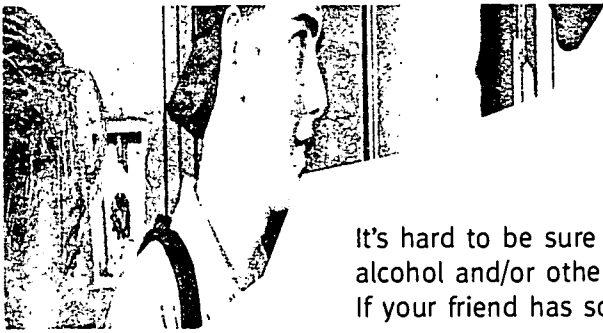
* Buy a car

* _____

* _____

Keep in Mind:

If you have a substance abuse problem and don't get help, you'll probably never reach these goals — or even come close.

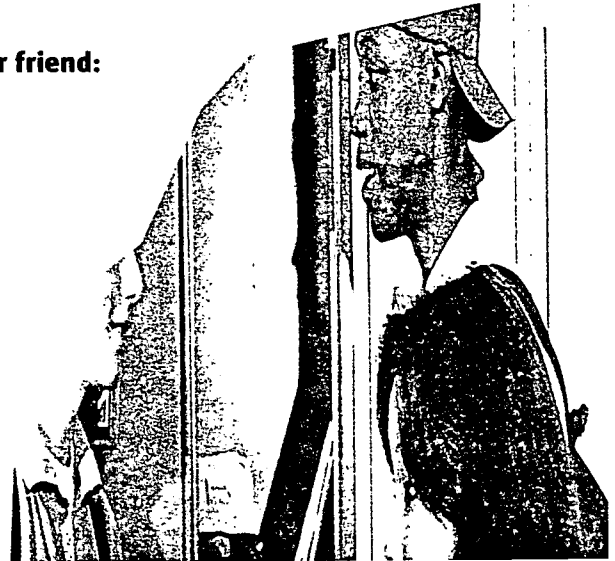


IS MY FRIEND ADDICTED?

It's hard to be sure if someone you care about has a problem with alcohol and/or other drugs. But there are signs that you can watch for. If your friend has some of these, he or she may need help.

Put a check mark next to each statement that describes your friend:

- ☐ Hanging out mostly with people who use a lot of alcohol or other drugs
- ☐ Personality changes: becoming more aggressive and hostile, or becoming more withdrawn, isolated, and depressed
- ☐ Getting into trouble at home because of substance use
- ☐ Drinking or using drugs in large quantities
- ☐ Getting angry and defensive if anyone questions the drug use; denying it's a problem
- ☐ Using regularly at certain times (like every evening, or every morning before school)
- ☐ Continuing to use (say, at a party) even after everyone else has stopped
- ☐ Having blackouts — forgetting events that occurred during substance use
- ☐ Being high at school or work
- ☐ Cutting school or class to get high
- ☐ Losing interest in other activities, such as sports or schoolwork
- ☐ Slipping grades
- ☐ Getting into trouble at school because of substance use
- ☐ Taking foolish risks when drinking or using drugs, such as having unsafe sex
- ☐ Breaking the law while drunk or on drugs
- ☐ Driving a car while under the influence
- ☐ Getting into auto accidents related to substance use



PhotoDisc

MY FRIEND HAS A LOT OF THESE SIGNS. SHOULD I BE WORRIED?

It is something to be concerned about. Eventually, substance abusers who don't get help can develop serious depression, or physical problems such as liver and brain damage. Being out of control with alcohol or other drugs also makes people more likely to drive drunk or engage in unsafe sex resulting in pregnancy, AIDS, or other sexually transmitted diseases.

WHY IS THIS HAPPENING?

No one is really sure why some people develop problems with alcohol or other drugs, and others don't. Tendencies to have substance abuse problems can be inherited, just like tendencies to develop heart disease or cancer. Others start using regularly to avoid bad feelings like depression — or just to fit in with friends. Then, with repeated use, brain changes result in cravings for more of the drug.

(continued on 4b)



IS MY FRIEND ADDICTED?

IF IT'S CAUSING SO MANY PROBLEMS, WHY DOESN'T MY FRIEND JUST STOP?

When people are dependent on drugs or alcohol, they have a disease. When people become addicted, their brains have fundamentally changed, and the affected parts of the brain need outside stimulation to function.

THEN HOW CAN I HELP?

It's hard. You can't force someone to get help, but you can let your friend know that you care and that you think it's a problem. You can encourage your friend to talk to someone about the alcohol/drug use — either a professional or someone recovering from a similar problem.

WHAT IF MY FRIEND GETS MAD AT ME?

Your friend may get mad, and may not even want to be friends anymore. On the other hand, if you don't do anything, and something terrible happens (like a drunk-driving accident), you will regret having kept quiet.

SO WHERE DO I START?

Before you do anything, talk to a counselor (some schools have a substance abuse specialist) about your concerns. (This isn't betraying your friend; you don't even have to mention names.) Ask the professional to help you figure out what to do. You can also attend a support group for people concerned about someone else's substance use, such as Al-Anon, Nar-Anon, or Alateen.

THEN WHAT?

After you educate yourself, if you decide to speak to your friend, there are ways to do it that give you the best chance of being heard:

- Only discuss the issue when your friend is sober — never when he or she is high or hung over.
- Don't accuse your friend of being an alcoholic or addict. Just express your concern about the things in his or her life that you see going downhill.

- Stick to your **own** feelings. Talk in "I statements": "I'm concerned . . ." "I'm worried . . ."
- Relate **specific** things your friend has done when high or drunk that concern you — "The night you left the party drunk and drove your car. . ."
- Finish by telling your friend that you want to support him or her in getting help.

AND IF MY FRIEND DOES ADMIT THE PROBLEM?

If your friend does admit that substance abuse is messing up his or her life, you should be prepared with specific ideas of where to go and whom to speak with (having gotten some suggestions from the professional you spoke to earlier, or from the **Getting Help** handout [student activity card 9]).

WHAT ABOUT AA OR NA?

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are confidential groups where you don't have to give your name — and they're free. Listening to others who have had problems with alcohol and other drugs can be enormously helpful. If your friend is afraid to go alone, you can go with him to an "open meeting," where friends and family are welcome. These programs are everywhere; just look in the phone book.

AND IF MY FRIEND REFUSES TO GET HELP . . . WHAT SHOULD I DO?

Ultimately, you have no control over whether your friend gets help. But if you think your friend's substance abuse is placing him or her in serious danger, consider talking to his or her parents.

PhotoDisc

For Resources, see
GETTING HELP
(student activity card 9)
which lists organizations and hotlines to call

SELF-ASSESSMENT

Don't fill out your name or share this questionnaire!!

NO ONE KNOWS
FOR SURE WHY SOME PEOPLE develop problems with alcohol, tobacco, and other drugs — and others don't. Researchers are beginning to identify "risk factors" that may be associated with addiction, as well as "protective factors" that help people avoid getting caught up in a pattern of drug abuse.

We are learning more each day about the factors that can put people more or less at risk. Some are better established than others; some are only guessed at. The following questions raise these issues. Answering them can help you look at your life, and may help you think about where you might want to make changes. Please keep your results in perspective. Remember that **everyone** is at risk for developing an addiction to alcohol, nicotine, or other substances.

Before answering the following questions, you may find it helpful to look into your own family history of alcohol, tobacco, or other drug use. How have these substances affected the health of your parents, grandparents, siblings, or other family members?

➤ HOW VULNERABLE AM I?

For each statement below, check the "Yes" or "No" box.

1. Do one or both of my parents have a history of abusing alcohol or other drugs? **yes** ☐ **no** ☐
2. Is there substance abuse elsewhere in my family (grandparents, siblings, etc.)? **yes** ☐ **no** ☐
3. Is there (or has there been) domestic violence or child abuse in my home? **yes** ☐ **no** ☐
4. Do one or both of my parents let me drink or smoke pot at home? **yes** ☐ **no** ☐
5. Do one or both parents think it's not so terrible if I drink or smoke pot? **yes** ☐ **no** ☐
6. Do my parents and I avoid talking about alcohol, tobacco, or other drug use? **yes** ☐ **no** ☐
7. Do my parents let me get away with everything? **yes** ☐ **no** ☐
8. Are my parents extremely strict, and do they tend to punish me severely? **yes** ☐ **no** ☐
9. Is there a lot of fighting and conflict in our family? **yes** ☐ **no** ☐
10. Am I often on my own to do whatever I want — without any adult supervision? **yes** ☐ **no** ☐
11. Are my parents emotionally distant from me? **yes** ☐ **no** ☐
12. Do most of my friends drink and/or use other drugs? **yes** ☐ **no** ☐
13. Do most of my friends smoke cigarettes? **yes** ☐ **no** ☐
14. When something bothers me, do I just hold it in and not tell anyone? **yes** ☐ **no** ☐
15. Do I find it hard to say "no" to friends when they suggest I do something — even if I know I shouldn't? **yes** ☐ **no** ☐
16. Do I feel like an "outsider" at my school? **yes** ☐ **no** ☐
17. Do I get into a lot of fights? **yes** ☐ **no** ☐

Don't fill out your name or share this questionnaire!!

HOW RESILIENT/PROTECTED AM I?

Check "Yes" or "No" for each of the following questions.

1. Is my family history free of substance abuse?
yes ☐ no ☐
2. Do I feel very close to at least one of my parents and/or other family members? yes ☐ no ☐
3. Is my home generally a comforting, nurturing place where I (mostly) feel comfortable and loved? yes ☐ no ☐
4. Would my parents strongly disapprove of my using illegal substances? yes ☐ no ☐
5. Can I talk to my parents about just about anything? yes ☐ no ☐
6. Has my childhood been relatively free of horrible traumas (like child abuse, domestic violence, etc.)? yes ☐ no ☐
7. Are my parents pretty fair in how they discipline me (firm but not too harsh)? yes ☐ no ☐
8. Are my parents very interested in my school work? yes ☐ no ☐
9. Do I participate in sports or other interests (dance, art, basketball, golf, reading, music, acting, karate, etc.)? yes ☐ no ☐
10. Do I feel like I belong in my school, like I'm "part of" it? yes ☐ no ☐
11. Am I an independent thinker who doesn't just follow the crowd? yes ☐ no ☐
12. Am I pretty good at saying "no" when I want to, even when I feel pressured by circumstances or people? yes ☐ no ☐
13. When I'm upset, do I have ways of dealing with it (talking with someone, exercising, relaxation, etc.)? yes ☐ no ☐
14. Do I attend religious services? yes ☐ no ☐
15. If I have a problem, do I try to resolve it, and if I can't, do I seek help? yes ☐ no ☐
16. Do I talk things over rather than fighting? yes ☐ no ☐

If you found yourself answering "yes" to many of the risk factors and/or "no" to many of the protective ones, there are things you can do to help yourself. For example, you can find a supportive adult to talk to, preferably a trained counselor. If you said "no" to

many of the risk factors and "yes" to many of the protective factors, **remember not to get overconfident — you are still at risk of developing problems with substance abuse.** No matter where you're at, you can take action to improve your odds against addiction.

the drug trade

> Legal Industries

WHAT YOU DECIDE

Every day you make decisions — what to eat, what to wear, who to hang out with, and how to act. But your decisions are often affected by what others do and think.

When someone wants you to do something that's not good for you, do you usually do it? Or do you resist?

WHERE'S THE PRESSURE?

Companies use marketing (advertising, publicity, and promotion) to convince you to use their products. In 1994, tobacco companies spent \$5 billion trying to get people to smoke. In the first eight months of 1996, alcohol companies spent over \$600 million convincing people to drink.

How do you respond to advertising? Does it affect what you buy and use? Or do you think for yourself?

Product Placement

Have you ever noticed how many people smoke in movies? In the 1980s, tobacco companies, like other businesses, paid big bucks for "product placement" — having their cigarettes smoked by stars, or having their product (or logo) featured somewhere in a scene. In 1990, tobacco companies responded to criticism of this practice by voluntarily agreeing to stop paying producers to have their brands displayed in movies. However, some insiders say that under-the-table product placement may still be going on — a charge that is denied by the tobacco industry.¹

WHY DO THE TOBACCO AND ALCOHOL COMPANIES SPEND SO MUCH?

Simple — they want your money. In 1995, \$190 million of tobacco company profit came from sales to

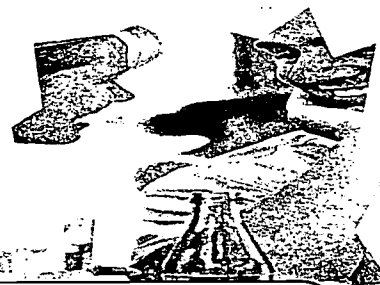
people under 18. Teenagers are a key market for tobacco companies. Few people over the age of 21 begin smoking, but every year more than 1 million teenagers become regular customers. ADVERTISING reflects a focus on kids. Tobacco and alcohol ads use cartoon characters, animated creatures, and animals, all of which appeal to younger consumers.

Fact: Girls often smoke because they think it helps them stay thin. Seventy-five percent of them become addicted, and then they are faced with the other effects of smoking — bad breath, a hacking cough, and a poor complexion.

LET'S FACE IT, alcohol advertising isn't very honest. In ads, people who drink are always having a great time — they are well-liked, the center of conversation, and attractive. The ads never show the drunk lurching about the room while others avoid him because he is loud, confused, smelly, and obnoxious. They never show a drunk in a driving accident or sick from alcohol or even dead from alcohol poisoning.

KNOW WHAT YOU ARE WATCHING. Don't let advertisers make your decision for you. Make your own decisions from more reliable sources of information.

Ultimately, it's your money, your body, and your decision.



Activities

- Collect ads for alcohol or cigarettes. Find news stories, information on the Internet, or books about the health consequences of these drugs. Using what you've found, make a poster on the theme: The Image and The Reality.
- Research the histories of the alcohol and tobacco trades. What roles have they played in the American economy? Report your findings to your class.

the drug trade

> Illegal Industries

Many young people today are conscious of the environment, human rights, and animal rights. Yet they may not think about the fact that if they buy or use illegal drugs, they are directly contributing to the violence, child abuse, and exploitation fueled by the drug trade.

DO YOU REALLY WANT TO BE A PART OF THAT?

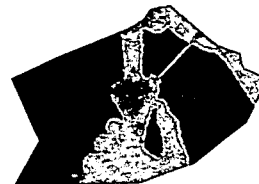
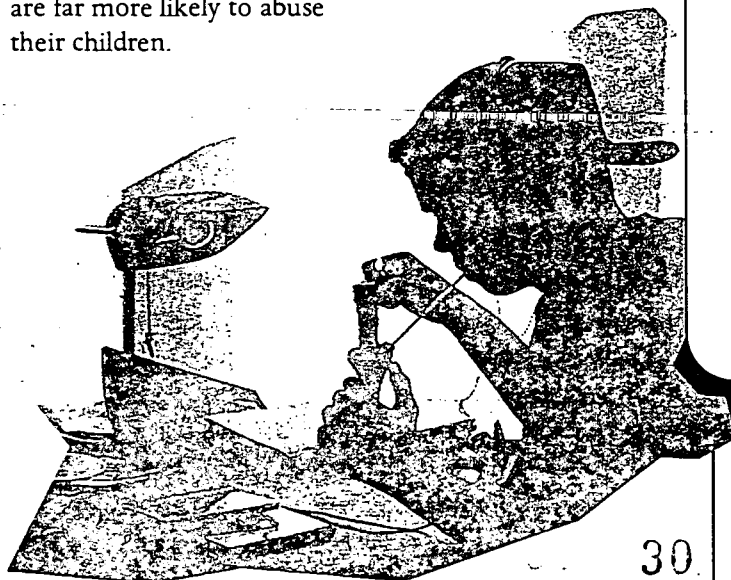
Murders and Other Violence

Fifty percent of all murders in the U.S. are alcohol- or drug-related.

WOULD YOU BUY ANYTHING FROM A COMPANY THAT YOU KNEW WAS KILLING PEOPLE?

Child Abuse

Parents who become dependent on drugs like cocaine are far more likely to abuse their children.



Not the Best Employers

Drug selling rings often use violence and threats of violence to control "employees."

Even Most Dealers End Up Broke

Some young people assume that dealing drugs is the ticket to making good money. **WRONG.** It's the ticket to jail, violence, addiction, and — too often — death.

The majority not only don't get rich — they end up broke. Why? Many get addicted and use up their profits, and spend whatever is left to maintain their fast lifestyles. And, usually, they end up going to jail. (Prisoners sentenced for drug offenses constitute the single largest group of Federal inmates.)

A BAD DEAL

When you figure in the jail time, drug dealing is really a bad deal. Even if a person made \$50,000 in one year selling drugs, if he got caught and went to prison for the next 10 years, that works out to about \$4,500 a year — far below poverty wages.

Activities

- Read the papers for one week, clipping out articles related to the drug trade. At the end of a week, post all articles in the classroom, and discuss. Has learning about the drug trade changed your opinion about it?
- Have your class divide into two groups and debate the following question: Are people who buy illegal drugs responsible for the violence in the drug trade?

STEP BACK & THINK

Someone offers you a drink, a smoke, or another drug.

You can say **NO.**
You can say **YES.**

Or you can
**STEP BACK
&
THINK**



PhotoDisc

You've heard it a million times: Say "no" to drugs. It's not always easy. Friends may expect you to say "okay." And you don't know how to say no without sounding like a health lecture. Maybe you're not even sure you want to say no. But something tells you not to say yes.

So step back.

Not "No," not "Yes," but "I'm not in the mood." That buys you time — to think about what you want to do, and what drugs can do to you.

Take Your Time

When you step back, nobody can really challenge you. If you're not in the mood, you're not in the mood, that's all. No need for explanations. If people hassle you, remember that real friends respect your feelings.

Can't Step Back? This Is Your Wake-up Call.

If that can of beer, cigarette, or joint is powerfully tempting, recognize the danger signal. You may be more vulnerable to addiction than you realize.

Give yourself credit for realizing you have a problem. Get help. Your friends may not know the best way to help you, so ask an adult you trust — a parent or other family member, a friend's parent, a neighbor, a teacher, or a counselor. It's a sign of strength to be able to say "I can't handle this alone."

Step Back & Think About...

pleasure

Nearly all people want and enjoy pleasure. Some of them — perhaps those with little to begin with — will try to snatch it through artificial means, even if these turn out to be destructive. . . . Are human pleasures only within reach across a chemical bridge? The answer is surely a fat no.

— Lionel Tiger

What are three drug-free things that make you feel good?

loneliness

What is that strange sense of yearning
Passing lighted houses at night?
Loneliness sets its own lamp alight.

— Lawrence Ferlinghetti

Moving to a new neighborhood, changing schools, or losing touch with friends can make you lonely. . . . and make you want to make yourself oblivious to sadness.

Do you know someone who takes drugs
or alcohol because they're lonely?

When the high wears off,
are they any less lonely?

self- deception

Drugs and alcohol are called mood-altering substances because they change your mood. But when the drug wears off, you are frequently worse off than when you started. When you give up self-control to drugs, you may find yourself somewhere you really don't want to be.

dignity

There are millions of health reasons to avoid alcohol and other drugs. And then there's the barf factor. Have you ever gotten so drunk that you've thrown up in front of your friends (or on them)? Not a pretty sight or sound. Alcohol and drugs can make you lose control and look stupid.

See yourself as others see you. How do you look when you fall into the furniture?

The Facts

It's tempting to think that drug problems only happen to other people, not us. But the risks of drug use are real. Step back and think about some of the risks:

- Using drugs to escape problems creates new ones.
- Guilt from sneaking drugs, tobacco, or alcohol can increase your stress level and damage your relationship with your family.
- The more you use a drug, the more of it you need to get high. And drug tolerance makes it harder to feel any pleasure.

What's in a cigarette?
Over 4,000 chemicals, including acetone, ammonia, arsenic, cadmium, carbon monoxide, DDT/Dieldrin, formaldehyde, hydrogen cyanide, methane, nitrobenzene, toluene, and vinyl chloride.

SOURCE:
American Cancer Society

NICOTINE the Profit Machine

Smoking yellows your teeth, wrinkles your skin, and causes bad breath.

Cigarette ads are fairy tales. Everybody parties; nobody is slowly dying from lung cancer or heart disease. To sell you on smoking, tobacco companies pretend it makes you confident and sophisticated.

Only you can make yourself confident and sophisticated — no external substance can do it for you.

The more people smoke, the more money the tobacco companies make. Just whose "happily ever after" are those ads really about?

Step back & think:

- If I've felt tempted to use alcohol, tobacco, or other drugs, where did that impulse come from?
- How can I feel better about myself?
- Which friends can I count on?
- Which adults can I confide in?
- What are my top two goals in life? What steps can I take to achieve them?

- Alcohol can cause serious liver damage.
- Marijuana impairs your memory and ability to concentrate.
- Alcohol-related accidents are the number one cause of death for adolescents.
- Every day more than 1,000 adults die prematurely as a result of starting smoking as a teen.

PROFILES

The following stories describe the experiences of Joe, a student participant in the TRUST Program in Miami; Amy, a fellow student who helped get Joe into treatment; and Robin Tassler, a TRUST counselor (from the television program "The Next Generation," in MOYERS ON ADDICTION: CLOSE TO HOME). Also featured is Dwight Gooden, a former star pitcher for the Mets and the Yankees.



> Joe

Joe, age 17, once felt that he could handle drugs. What he found out was that drugs had the upper hand.

"It's remarkable how addiction catches you unaware. Everybody else sees it. You're the only one who doesn't. The sense of denial is enormous."

Joe's girlfriend became terrified that he would overdose on cocaine. She wrote him a letter urging him to stop. He crumpled it and tossed it onto his bedroom floor. A few days later his mother told him she found the letter. Joe's parents talked him into getting treatment.

Even so, he did not admit he was addicted until he was in detox at the hospital.

"Every day I was flipping out. I blamed my parents for all the wrongs in the world, and I hated them for sending me to a clinic like that. I said they didn't love me, and I yelled and cursed at them. I couldn't imagine a world without drugs."

Then he attended Narcotics Anonymous meetings.

"I started to listen. That was extremely helpful to me. Everybody was in the same boat."

Joe is drug-free now, and grateful to his parents and girlfriend for saving his life. He is determined never to use again.

"I replace the cravings. It's like filling a void . . . I put my mind onto something else — art, reading, sculpting, music."

▶ When Joe started to listen, how did it help? ◀

> Amy



Joe's girlfriend, Amy, was aware that he was drinking and using drugs. She didn't like it, but she didn't challenge him either.

Then one day she realized that accepting his drug use might also mean having to accept his death.

She had gone to pick him up for school.

"He was on his bed, and he looked gray and sick . . . I was touching his head to see if he had a fever. He started yelling at me. . . . then he crawled into the bathroom and started throwing up. . . . Later he told me he was experimenting with cocaine. . . . That really scared me. I mean, my eyes just bulged out of my head, and I started crying."

Amy called a doctor at a rehab center. After Joe entered its program, Amy was the only friend allowed to visit.

Amy was terrified that when he found out she had helped get him into treatment, he would never speak to her again. Three months after his detox, Amy got up the nerve to confess her role.

To her relief, "He just hugged me — and said 'thank you.' Joe now liked the idea of being clean."

Amy has discovered that getting off drugs wasn't only healthier for Joe's body; his mind calmed down too.

"Now he's controlled his anger And he's just a blast to be with, really funny.

"I love him a lot and care about him so much, and I think he does the same for me."

▶ Why was Amy afraid to tell Joe that she helped get him into treatment? ◀

(continued on 8b)

PROFILES

> Robin Tassler



A safe place.

That's what Robin Tassler, a substance abuse counselor, tries to give students at Palmetto High School in Miami, Florida. "I'm not here to give them a suspension or detention or a grade. I try to give them a place they can find some peace.

"We focus on feelings. . . . When there's been joy in life, we talk about how we can get back to that joy. Because when you use drugs, you really hide from yourself. I tell students, 'This is a place we don't hide.'"

Students say they trust Tassler because she listens, cares, and accepts them for who they are.

"I do have strong opinions about drugs," Tassler says. "I think they're terrible, and they destroy people's spirits, and the kids know how I feel. But I'm not going to pass judgment on what happens. I really try to work on developing a relationship with students."

Tassler is part of the TRUST program in Miami, an effort to decrease levels of substance use in the Dade County public schools. TRUST counselors assist students who have experienced problems related to substance abuse.

"You have to teach kids how to nurture themselves in spite of where they've come from . . . to ask, 'If you form your family of friends out of people who use drugs, is that really helping you move in the direction you want to move in?' They know a lot, these kids. They know what drugs do to you. My role is to guide them through the process of making more helpful choices and taking healthy risks."

▶ Where do you feel safe enough to talk about your feelings? ◀

> Dwight Gooden

For Dwight "Doc" Gooden, the World Series is about much more than baseball. It's about being on top of the world, about to fall. And about struggling back to the top after hitting bottom.

In 1986, the Mets won the World Series, thanks in part to this talented young pitcher. But early success can be a burden as well as a blessing.

The first sign of trouble came the day after the Mets' triumph. Gooden didn't show up at the ticker-tape parade because he'd gotten so drunk the night

before. Two months later, he was arrested in Tampa for assaulting a police officer. He denied doing drugs, but routine tests revealed his lie.

Gooden went into treatment but relapsed almost immediately, a pattern he repeated over the next several years.

"I didn't want to go home and face my wife and kids," said Gooden. Ashamed and depressed, he considered suicide.

His wife walked in and saw him holding a gun.

Desperately, his wife and his mother begged him to give life another chance. Once again Gooden went into treatment. This time, he managed to stay sober.

Now what he needed was another chance at baseball. George Steinbrenner gave Gooden a spot on the Yankees. It was a risk; many people had no faith that he had conquered his drug problem.

On May 14, 1996, Gooden proved them wrong. Despite concern about his father, who was hospitalized, Gooden pitched a no-hitter. The next day he presented his father with the game ball.

The Yankees won the World Series that year. This time, Gooden had no trouble showing up for the parade. This win was even sweeter than the first, because it wasn't only about baseball. It was about reclaiming his life.



Courtesy the New York Yankees

▶ Who has given you a second chance? ◀



Getting Help

HOW WOULD I GO ABOUT GETTING HELP?

Talk to a professional or person experienced in the field of addiction. Many schools have confidential Student Assistance Counselors now. This handout lists some other resources.

IF I GO FOR HELP, WILL MY PARENTS FIND OUT?

It depends. See if your school has a confidential Student Assistance Counselor, as he or she is often not obligated to call your parents. If you should end up needing further treatment, this counselor can help you figure out where to get it — and how to approach your parents at that time. If you're in a school that has no confidential counseling, you may want to attend a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous.

DOES IT COST MONEY TO GET HELP?

Self-help groups, like Alcoholics Anonymous and Narcotics Anonymous, are free. Many youth agencies don't charge for counseling either. Others charge on a "sliding scale," so if you don't have any income, it's still free — or close to it. Some residential programs are privately operated and require that your parents carry insurance.

BUT ISN'T CLEAN AND SOBER REALLY LONELY AND BORED?

Some people think that life can't be any fun if they don't get wasted every day. But nothing could be further from the truth. In recovery, people start succeeding at their goals, enjoying better relationships — and being more in control of their lives.

DOES TREATMENT REALLY WORK?

Addiction is treatable, just like other chronic, relapsing diseases (such as diabetes, hypertension, and heart disease). But like those conditions, it also requires that you change certain behaviors in order to avoid relapsing to the active disease again.

Once you get into treatment — stick it out! Research shows that the longer a person stays in treatment, the better the chance of success.

Follow up treatment with other support. People who follow up treatment have the best success rates.

WHAT ARE SELF-HELP RECOVERY GROUPS? HOW CAN I FIND THEM?

Self-help groups, such as Alcoholics Anonymous, SMART Recovery, and Narcotics Anonymous are attended by people who have had substance abuse problems. The meetings provide hope, encouragement, and round-the-clock support — for free. You don't have to give your name, sign up, or join, and no one will call your parents. To find them, look in your phone book. Lots of self-help groups hold special meetings now just for young people. If you go to one meeting and feel uncomfortable, try a different one.

DECIDING TO QUIT

If you're a drug/tobacco/alcohol user, try this exercise to evaluate how it's affecting you:

On one side of a sheet of paper list the "pros" — what you think you get out of using drugs/tobacco/alcohol (excitement, a feeling of acceptance, etc.) On the other side, list the "cons" — what it costs you (girl-friend broke up with me, parents upset, blew off sports, school problems, always broke, etc.)

If the costs outweigh the benefits, yet you keep using anyway, that's a substance abuse problem.

(continued on 9b)

Developed by Thirteen/WNET to accompany

MOYERS ON ADDICTION: CLOSE TO HOME

CAN'T I JUST USE MY FRIENDS AND FAMILY AS SUPPORT?

Your non-using friends and family can help. But there also are lots of other sources of support for getting off drugs and alcohol. Some people get involved in their church, synagogue, or mosque. You'll also need activities that don't involve using. Without that "culture of recovery," a life free of drugs and alcohol is difficult to maintain.

BUT HOW CAN I STAY STRONG AROUND SO MANY PEOPLE USING?

Teens — whether in recovery or not — can face enormous social pressure to use drugs, tobacco, and alcohol. You may feel funny or awkward saying "no" to friends. If so, try this:

Activity

[PREPARE AHEAD OF TIME]

- Brainstorm the kinds of situations in which you would feel social pressure (you're at a party, and someone brings in beer or cigarettes; you're in a car, and friends pass a joint around). Now prepare at least two or three realistic ways to decline in these situations, and practice them ahead of time.

WHERE TO GET HELP

SELF-HELP GROUPS

Alcoholics Anonymous (AA) - Check your phone directory for a local AA group
Cocaine Anonymous (CA) 1-800-347-8998
Narcotics Anonymous (NA) - Check your local directory or call 1-800-662-4357 for a referral in your area
SMART Recovery (216) 292-0220

Organizations to Contact for Information

Hazelden Information Center 1-800-257-7810
National Council on Alcoholism and Drug Dependence, Inc. (212) 206-6770
American Council on Alcoholism 1-800-527-5344

For a Referral to Help in Your Area

Drug and Alcohol Treatment Routing Service: 1-800-662-HELP

Alabama - 1-800-762-3790
 Alaska - (907) 561-4213
 Arizona - (602) 381-8999
 Arkansas - (501) 280-4500
 California - (916) 445-0834
 Colorado - (303) 866-7480
 Connecticut - 1-800-203-1234
 Delaware - (302) 571-6975
 District of Columbia - (202) 727-5163
 Florida - (904) 488-0900
 Georgia - (404) 656-2465
 Hawaii - (808) 586-3961
 Idaho - (208) 334-5935
 Illinois - (312) 814-3840
 Indiana - (317) 232-7939
 Iowa - (515) 281-3641, Mon.-Fri., 8 A.M.-4:30 P.M.
 Kansas - (913) 296-3925
 Kentucky - (502) 564-2880, Mon.-Fri. 8 A.M.-4:30 P.M.
 Louisiana - (504) 342-9354, Mon.-Fri. 8 A.M.-4:30 P.M.
 Maine - (207) 287-2595, Mon.-Fri. 8 A.M.-5 P.M.
 Maryland - (410) 767-6910
 Massachusetts - 1-800-327-5050, 24 hours
 Michigan - (517) 335-0278
 Minnesota - (612) 296-3991
 Mississippi - (601) 359-1288, Mon.-Fri., 8 A.M.-5 P.M.
 Missouri - (573) 751-4942
 Montana - (406) 444-3964
 Nebraska - (402) 471-2851
 Nevada - (702) 687-4790, (northern Nevada); (702) 486-8250, (southern Nevada), Mon.-Fri. 8 A.M.-5 P.M.
 New Hampshire - (603) 271-6100
 New Jersey - (609) 292-7232
 New Mexico - 1-800-962-8963, Mon.-Fri. 8:30 A.M.-5 P.M.
 New York - (518) 473-3460
 North Carolina - (919) 733-4670, Mon.-Fri. 8 A.M.-5 P.M.
 North Dakota - (701) 328-8920, Mon.-Fri. 8 A.M.-5 P.M.
 Ohio - (614) 466-3445
 Oklahoma - 1-800-522-9054, 24 hours
 Oregon - 1-800-621-1646
 Pennsylvania - 1-800-582-7746, Mon.-Fri. 8 A.M.-4:30 P.M.
 Rhode Island - 1-800-622-7422
 South Carolina - 1-800-942-3425
 South Dakota - (605) 773-3123, Mon.-Fri. 8 A.M.-5 P.M.
 Tennessee - (615) 741-1921
 Texas - 1-800-832-9623
 Utah - (801) 538-3939
 Vermont - (802) 651-1550
 Virginia - (804) 786-3906
 Washington - (360) 902-0650
 West Virginia - (304) 558-2276
 Wisconsin - (608) 266-2717
 Wyoming - (307) 777-7116, Mon.-Fri. 9 A.M.-5 P.M.

Developed by Thirteen/WNET to accompany

MOYERS ON ADDICTION: CLOSE TO HOME

living a drug-free life



Dear Student,

While reporting for our PBS series CLOSE TO HOME, I met many young people across the country who have never tried any substance. These people understand the problems that can result from the use of drugs, alcohol, or tobacco. That's why they want to live drug-free lives.

I also met many young people whose use of drugs, alcohol, or tobacco has turned into addiction. They are hooked. They want to break the grip but are unable to do so.

Some of these young people finally got help. They found a counselor, a treatment program, a self-help group. They are on the road to recovery.

It can be done. That's the hopeful side of addiction. With help, you can get better.

No one has it easy. I saw that everywhere I traveled. We've put together this information in the hope that you might want to learn from others how to face issues of addiction wherever you live.

Good luck to you.

Bill Moyers

Most middle and high school students don't use drugs. The New York high school students interviewed here attend public and private schools. They include an athlete, future teachers, and an aspiring actress. They are from different cultural and economic backgrounds, but all are living drug-free lives.

> **How have you seen alcohol and other drugs affect lives around you?**

NADINE:

They've changed kids who would've been fine otherwise. Kids disappear from school for months at a time. Their lives get screwed up.



> **How do you handle peer pressure?**

ELLISON:

When you see people in your neighborhood or family go down, it makes you not want to go that way.

KYESHA:

People at school know what I'm all about, and I'm not about drugs. I know kids who use, and I get along with everybody. It's just that we've made different choices.

NICOLE:

I surround myself with friends who don't use.

> **How do you cope with boredom and loneliness?**

ELLISON:



I've been boxing for about a year and a half now with a trainer who trained four of my uncles. It requires a lot of discipline and forces you to focus your mind. It's a great way to get out frustrations.

When I go to the gym — or to church — my mind feels more centered on doing the right thing. I also coach a basketball team for little kids. Those guys make me feel good and make me laugh a lot.

(continued on 10b)

• Can you think of a time when you were frustrated — then figured out a way to make things better? • If your life were a movie, what would the title be?

NICOLE:



I always used to complain, "I'm bored, I'm bored." Then I got sick of hearing myself say it, and got a job. I've learned a lot about working with people and gained some independence through the money I've earned. As I see it, drugs are all about dependence, and I am working towards independence.

NADINE:

I just realize that's life. Sometimes I'm bored. Sometimes I'm lonely. It passes. Sometimes I use an activity to deal with it, such as writing or reading, but usually I would rather just let myself feel the different emotions.

> What do you do for fun?

JESSICA:

I've got a friend who's starting to be, like, "It's Friday night, we should be drinking," and I just tell her, "Don't worry about it, we'll have fun." I also remind her of the kids who hang out in the park getting drunk every weekend. Every weekend. That sounds pretty boring, too.

ELLISON:

Get together with friends and chill, see movies, talk about stuff, act crazy, look for girls.

KYESHA:

We go to the movies, bowling. I can go to a party and have a good time without drinking. I eat and dance. I just drink soda.

> Who can you talk to?

JESSICA:

I get on the phone and talk with my friends. If I'm not myself, they'll ask me what's wrong, and I'll usually end up laughing about it.



What were the highs and lows of your life so far? What made the high

NICOLE:

I talk to my Mom. She's very straight with me.

NADINE:

My parents aren't the first people I would go to to talk about this kind of thing. I mean, sometimes people think that just because I'm not doing drugs, I must live in the Brady Bunch. It's not like that at all. I'm close with my guidance counselor and some teachers. Sometimes it's easier to talk to them than to other kids.

> What are your plans for the future?

NADINE:

I'm excited about going to college. As a career I'd like to work with kids, because I feel I've taken a different path as a teenager, and I'd like to show kids that even though it can be hard, it can be done, and it pays off in the end.

NICOLE:

I want to be an English teacher and work with the deaf. When you know what you want to do and where you're going, drugs really don't fit into the picture.

ELLISON:

I feel I could be happy in a corporation or as a lawyer. That would represent a real journey for me and make me feel I'd really accomplished something special, considering where I come from.

KYESHA:

I plan to attend college and become a professional dancer and actress. And if I ever make it, I don't want to be ashamed of things I've done in the past. That's something that keeps me focused. That, and the fact that I have so much support from my friends.



JESSICA:

I want to live a good life — not make too many mistakes, and learn from the ones I do make.



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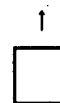
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